

North Carolina and Virginia revealed that wait times continue to be misrepresented and that nearly 14,000 veterans were denied access to timely care. The audit also found that veterans were waiting an average of 26 days to see mental health specialists, while the VA falsely reported average wait times of 6 days.

In light of such news, the American people are right to wonder who at the VA may be receiving a bonus this year. They are also right to be concerned about the nature and conditions of such bonuses.

H.R. 1690 would add a simple reporting requirement to existing law that will streamline the oversight of bonuses at the VA. It requires the agency to proactively provide information to Congress that details the amount of each bonus awarded to senior executives as well as the job titles of the individuals and the location of their employment.

Because of the patterns of mismanagement at the VA, veterans must know how bonuses are being awarded at the agency, and Congress deserves to receive this information in as timely a manner as possible without having to request it each year. This bill increases transparency over the bonus process without placing an undue burden on the agency.

It is an honor to represent a district that is home to more than 55,000 veterans. I owe it to each of them every day to make sure that the VA is accountable and transparent. Our Nation's veterans deserve the very best healthcare for their service and sacrifice to our Nation.

Mr. Speaker, I thank Chairman ROE and Ranking Member WALZ for their support, and I urge my colleagues to support H.R. 1690.

Mr. ROE of Tennessee. Mr. Speaker, sometimes we sing from the same song sheet, and sometimes we don't sing from the same song sheet.

Mr. Speaker, I reserve the balance of my time.

Mr. WALZ. Mr. Speaker, I yield myself such time as I may consume.

Yes, Mr. Speaker, I was in the Lutheran hymnal and not the Baptist. I apologize to the gentlewoman, and the next time I ask my 10-year-old to not be on his phone, I will be duly chastised.

Mr. Speaker, I do rise in support of H.R. 1690. The gentlewoman is right. It is smart. The public demands transparency. Make sure that there is an accountability in this, and make sure that we are tracking.

So I thank the gentlewoman for her tolerance of us getting ahead of ourselves.

Mr. Speaker, I urge my colleagues to support this piece of legislation also, and I yield back the balance of my time.

Mr. ROE of Tennessee. Mr. Speaker, once again, I encourage all Members to support this legislation, and I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Tennessee (Mr. ROE) that the House suspend the rules and pass the bill, H.R. 1690, as amended.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

Mr. WALZ. Mr. Speaker, I object to the vote on the ground that a quorum is not present and make the point of order that a quorum is not present.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, further proceedings on this question will be postponed.

The point of no quorum is considered withdrawn.

## VETERANS AFFAIRS MEDICAL SCRIBE PILOT ACT OF 2017

Mr. ROE of Tennessee. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 1848) to direct the Secretary of Veterans Affairs to carry out a pilot program on the use of medical scribes in Department of Veterans Affairs medical centers, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 1848

*Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,*

### SECTION 1. SHORT TITLE.

This Act may be cited as the "Veterans Affairs Medical Scribe Pilot Act of 2017".

### SEC. 2. DEPARTMENT OF VETERANS AFFAIRS MEDICAL SCRIBE PILOT PROGRAM.

(a) IN GENERAL.—The Secretary of Veterans Affairs shall carry out a two-year pilot program under which the Secretary shall increase the use of medical scribes at Department of Veterans Affairs medical centers.

(b) LOCATIONS.—The Secretary shall carry out the pilot program at the 10 medical centers of the Department as follows:

(1) At least four such medical centers located in rural areas.

(2) At least four such medical centers located in urban areas.

(3) Two such medical centers located in areas with need for increased access or increased efficiency, as determined by the Secretary.

(c) MEDICAL SCRIBES.—

(1) HIRING.—Under the pilot program the Secretary shall—

(A) hire 20 new Department of Veterans Affairs term employees as medical scribes; and

(B) seek to enter into contracts with appropriate entities for the employment of 20 additional medical scribes.

(2) DISTRIBUTION.—The Secretary shall assign four medical scribes to each of the 10 medical centers of the Department where the Secretary carries out the pilot program as follows:

(A) Two scribes shall be assigned to each of two physicians.

(B) Thirty percent of the scribes shall be employed in the provision of emergency care.

(C) Seventy percent of the scribes shall be employed in the provision of specialty care in specialties with the longest patient wait times or lowest efficiency ratings, as determined by the Secretary.

(d) REPORTS.—

(1) REPORTS TO CONGRESS.—Not later than 180 days after the commencement of the pilot program required under this section, and every 180 days thereafter for the duration of the pilot program, the Secretary of Veterans Affairs shall submit to Congress a report on the pilot program. Each such report shall include each of the following:

(A) A separate analysis of each the following with respect to medical scribes employed by the Department of Veterans Affairs and medical scribes performing Department of Veterans Affairs functions under a contract:

(i) Provider efficiency.

(ii) Patient satisfaction.

(iii) Average wait time.

(iv) The number of patients seen per day by each physician or practitioner.

(v) The amount of time required to hire and train an employee to perform medical scribe functions under the pilot program.

(B) Metrics and data for analyzing the effects of the pilot program, including an evaluation of the each of the elements under clauses (i) through (iv) of subparagraph (A) at medical centers who employed scribes under the pilot program for an appropriate period preceding the hiring of such scribes.

(2) COMPTROLLER GENERAL REPORT.—Not later than 90 days after the termination of the pilot program under this section, the Comptroller General of the United States shall submit to Congress a report on the pilot program. Such report shall include a comparison of the pilot program with similar programs carried out in the private sector.

(e) DEFINITIONS.—In this section:

(1) The term "medical scribe" means an unlicensed individual hired to enter information into the electronic health record or chart at the direction of a physician or licensed independent practitioner whose responsibilities include the following:

(A) Assisting the physician or practitioner in navigating the electronic health record.

(B) Responding to various messages as directed by the physician or practitioner.

(C) Entering information into the electronic health record, as directed by the physician or practitioner.

(2) The terms "urban" and "rural" have the meanings given such terms under the rural-urban commuting codes developed by the Secretary of Agriculture and the Secretary of Health and Human Services.

(f) FUNDING.—The pilot program under this section shall be carried out using amounts otherwise authorized to be appropriated for the Department of Veterans Affairs. No additional amounts are authorized to be appropriated to carry out such program.

### SEC. 3. PROHIBITION ON SMOKING IN FACILITIES OF THE VETERANS HEALTH ADMINISTRATION.

(a) PROHIBITION.—Section 1715 of title 38, United States Code, is amended to read as follows:

#### "§ 1715. Prohibition on smoking in facilities of the Veterans Health Administration

"(a) PROHIBITION.—(1)(A) Except as provided in subparagraph (B), no person may smoke indoors in any facility of the Veterans Health Administration.

"(B) In the case of a facility of the Veterans Health Administration that is a community living center, no person may smoke indoors in such facility on or after December 31, 2018.

"(2) No person may smoke outdoors in any facility of the Veterans Health Administration on or after October 1, 2021.

"(b) DEFINITIONS.—In this section:

"(1) The term "smoke" includes the smoking of cigarettes (including e-cigarettes or electronic cigarettes), cigars, pipes, and any other combustion of tobacco.

“(2) The term ‘facility of the Veterans Health Administration’ means any land or building (including any medical center, nursing home, domiciliary facility, outpatient clinic, or center that provides readjustment counseling) that is—

“(A) under the jurisdiction of the Department of Veterans Affairs;

“(B) under the control of the Veterans Health Administration; and

“(C) not under the control of the General Services Administration.

“(3) The term ‘community living center’ means a facility of the Department that provides nursing home care.”

(b) CONFORMING AMENDMENTS.—

(1) The table of sections at the beginning of chapter 17 of such title is amended by striking the item relating to section 1715 and inserting the following:

“1715. Prohibition on smoking in facilities of the Veterans Health Administration.”

(2) Section 526 of the Veterans Health Care Act of 1992 (Public Law 102-585) is repealed.

(c) EFFECTIVE DATE.—This section shall take effect 90 days after the date of the enactment of this Act.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Tennessee (Mr. ROE) and the gentleman from Minnesota (Mr. WALZ) each will control 20 minutes.

The Chair recognizes the gentleman from Tennessee.

#### GENERAL LEAVE

Mr. ROE of Tennessee. Mr. Speaker, I ask unanimous consent that all Members have 5 legislative days in which to revise and extend their remarks and to include extraneous remarks.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Tennessee?

There was no objection.

Mr. ROE of Tennessee. Mr. Speaker, I rise today in support of H.R. 1848, as amended, the Veterans Affairs Medical Scribe Pilot Act of 2017, which I am proud to sponsor.

One of my priorities as chairman of the House Committee on Veterans' Affairs is to increase access to care for veteran patients. One way to do that is help hardworking Department of Veterans Affairs clinicians to be more efficient in the practice of high-quality care.

The Veterans Affairs Medical Scribe Pilot Act of 2017 would do just that by creating a 2-year pilot program to test the use of scribes in VA medical centers.

□ 1545

Scribes are increasingly used in the private sector to help doctors navigate and document a patient's electronic health record. That allows doctors to place their focus not on a computer screen, but squarely on the patient.

I jokingly say, Mr. Speaker, that it was electronic health records that made me a Congressman. Basically, it ran me out of the medical office. That is a slight exaggeration, but it is not too far off.

Like many doctors I hear from today, I found the increasing amount of time that I was spending attending to electronic health record requirements, nec-

essary as they may be, detracted from the quality of my patients' interactions and significantly slowed down how smoothly my clinic day would operate. I believe the same is true at VA. Many doctors now, Mr. Speaker, are spending over half their time entering information, just basically being data entry people.

Onsite visits to VA medical facilities across the country, my staff and I always ask VA employees how we can help them provide safer, better care and see more patients. By far, one of the most common responses that we hear is a plea to “give us scribes; give us some help.”

That is exactly what passage of H.R. 1848, as amended, will do.

This bill also includes provisions of H.R. 1662, a bill sponsored by Dr. BRAD WENSTRUP, the chairman of the Subcommittee on Health, which would bring VA medical centers in line with every other major healthcare system by prohibiting smoking on VA medical facility properties.

I thank Dr. WENSTRUP for his leadership on this issue, and I am grateful to be working with him to make VA medical facilities healthy, smoke-free places for VA employees to serve veterans and for veterans to seek care.

Mr. Speaker, I urge all my colleagues to support me in supporting H.R. 1848, as amended, and I reserve the balance of my time.

Mr. WALZ. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I support H.R. 1848, as amended, the Veterans Affairs Medical Scribe Pilot Act of 2017, offered by Chairman ROE.

No one knows more about this, and I appreciate the chairman's education that goes into learning about the practice of medicine. Having a physician as the chairman is invaluable. This issue of scribes and how it interfaces with the doctor providing the care and the electronic medical record has been invaluable for me to understand.

I know that the chairman and many physicians have said they feel they are spending too much time entering the data and not enough time on patients. Chairman ROE's legislation would allow for the use of scribes within the VA during a 2-year pilot program. It has been proven to assist physicians and alleviate administrative burdens.

This is smart stuff, again. I appreciate the insight brought to us and making more efficiencies in the system.

Mr. Speaker, I urge support of the bill, and I yield back the balance of my time.

Mr. ROE of Tennessee. Mr. Speaker, once again, I encourage all Members to support this legislation, and I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Tennessee (Mr. ROE) that the House suspend the rules and pass the bill, H.R. 1848, as amended.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

Mr. WALZ. Mr. Speaker, I object to the vote on the ground that a quorum is not present and make the point of order that a quorum is not present.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, further proceedings on this question will be postponed.

The point of no quorum is considered withdrawn.

#### VA PROCUREMENT EFFICIENCY AND TRANSPARENCY ACT

Mr. ROE of Tennessee. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 2006) to amend title 38, United States Code, to improve the procurement practices of the Department of Veterans Affairs, and for other purposes.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 2006

*Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,*

#### SECTION 1. SHORT TITLE.

This Act may be cited as the “VA Procurement Efficiency and Transparency Act”.

#### SEC. 2. INFORMATION ON COST OR PRICE SAVINGS FROM COMPETITION.

(a) IN GENERAL.—Chapter 81 of title 38, United States Code, is amended by inserting after section 8128 the following new section:

#### “§ 8129. Information on cost or price savings from competition

“(a) RECORDING OF INFORMATION.—With respect to any contract awarded by the Secretary that is reported in the Federal Procurement Data System described in section 1122(a)(4)(A) of title 41, United States Code, or any successor system, the Secretary shall record information on the amount of any cost or price savings realized by using competitive procedures in awarding such contract.

“(b) PLACEMENT OF RECORDS.—The Secretary shall place recorded information under subsection (a) as follows:

“(1) With respect to contracts recorded in the Electronic Contract Management System, or any successor system, in such system.

“(2) With respect to contracts not covered by paragraph (1), in a location determined appropriate by the Secretary.

“(c) CALCULATION OF COST SAVINGS.—(1) In carrying out subsection (a), the Secretary shall calculate the amount of cost or price savings realized by using competitive procedures in awarding a contract by—

“(A) subtracting the total value of the selected offer or quote from the average of the total values of all offers or quotes evaluated; or

“(B) subtracting the total value of the selected offer or quote from the total value of the median offer or quote evaluated.

“(2) If the difference calculated pursuant to paragraph (1) is negative, the Secretary shall record such difference as zero.

“(3) The Secretary shall make calculations under paragraph (1) with respect to a contract—

“(A) at the time at which the Secretary obligates amounts under such contract; or

“(B) if such contract contains options, at the time at which the option is exercised.”.